



Maria E. Elkins
Clerk of Court

Office of the Clerk

UNITED STATES DISTRICT COURT
for the
MIDDLE DISTRICT OF PENNSYLVANIA
William J. Nealon Federal Bldg. & U.S. Courthouse
235 North Washington Avenue
P.O. Box 1148
Scranton, PA 18501-1148

(570) 207-5600 Fax (570) 207-5650
www.pamd.uscourts.gov

Divisional Offices:

Harrisburg:
(717) 221-3920
Williamsport:
(570) 323-6380

IN FORMA PAUPERIS NOTICE:

IF YOU ARE GRANTED IN FORMA PAUPERIS STATUS, THE U.S. MARSHAL WILL BE DIRECTED TO SERVE THE SUMMONS AND YOUR COMPLAINT. YOU ARE REQUIRED TO COMPLETE THE USM-285 FORM PRIOR TO SERVICE FOR EACH DEFENDANT NAMED IN YOUR COMPLAINT. WITHOUT THE COMPLETED FORM SERVICE CANNOT BE MADE BY THE U.S. MARSHAL.

A COMPLETED USM-285 FORM MUST BE SUBMITTED FOR EACH DEFENDANT WHO WILL BE SERVED BY THE U.S. MARSHAL.

IT IS VERY IMPORTANT TO ACCURATELY COMPLETE THE MARSHAL'S FORM. INSTRUCTIONS CAN BE FOUND ON THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA'S WEBSITE -

(<http://www.pamd.uscourts.gov/sites/default/files/forms/usm-285instform.pdf>).

IF YOU DO NOT COMPLETE THE FORM, THE MARSHAL WILL NOT SERVE YOUR PAPERS. IF THE MARSHAL CANNOT READ THE FORM, THE MARSHAL WILL NOT BE ABLE TO SERVE YOUR PAPERS.

DO NOT RETURN THE FORM TO THE U.S. MARSHAL'S OFFICE. All USM-285 FORMS ARE TO BE **RETURNED TO THE CLERK'S OFFICE.**

Any questions, please contact the Clerk's office:

Scranton: 1-866-263-8479
Harrisburg: 1-866-333-3261
Williamsport: 1-866-736-3914

Plaintiff

 \mathbf{v}_i

Defendant

Civil Action No.

To:

(Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service)

Date: _____

Signature of the attorney or unrepresented party

Printed name

Address

E-mail address

Telephone number

AO 399 (01/09) Waiver of the Service of Summons

UNITED STATES DISTRICT COURT

for the

Plaintiff)	
v.)	
Defendant)	Civil Action No.

WAIVER OF THE SERVICE OF SUMMONS

To: _____
(Name of the plaintiff's attorney or unrepresented plaintiff)

I have received your request to waive service of a summons in this action along with a copy of the complaint, two copies of this waiver form, and a prepaid means of returning one signed copy of the form to you.

I, or the entity I represent, agree to save the expense of serving a summons and complaint in this case.

I understand that I, or the entity I represent, will keep all defenses or objections to the lawsuit, the court's jurisdiction, and the venue of the action, but that I waive any objections to the absence of a summons or of service.

I also understand that I, or the entity I represent, must file and serve an answer or a motion under Rule 12 within 60 days from _____, the date when this request was sent (or 90 days if it was sent outside the United States). If I fail to do so, a default judgment will be entered against me or the entity I represent.

Date: _____

Signature of the attorney or unrepresented party

Printed name of party waiving service of summons

Printed name

Address

E-mail address

Telephone number

Duty to Avoid Unnecessary Expenses of Serving a Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain defendants to cooperate in saving unnecessary expenses of serving a summons and complaint. A defendant who is located in the United States and who fails to return a signed waiver of service requested by a plaintiff located in the United States will be required to pay the expenses of service, unless the defendant shows good cause for the failure.

"Good cause" does *not* include a belief that the lawsuit is groundless, or that it has been brought in an improper venue, or that the court has no jurisdiction over this matter or over the defendant or the defendant's property.

If the waiver is signed and returned, you can still make these and all other defenses and objections, but you cannot object to the absence of a summons or of service.

If you waive service, then you must, within the time specified on the waiver form, serve an answer or a motion under Rule 12 on the plaintiff and file a copy with the court. By signing and returning the waiver form, you are allowed more time to respond than if a summons had been served.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF

COURT CASE NUMBER

DEFENDANT

TYPE OF PROCESS

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be
served with this Form 285Number of parties to be
served in this caseCheck for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process
_____District of
Origin
No. _____District to
Serve
No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (*if not shown above*)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (*complete only different than shown above*)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)**\$0.00**

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED